					SION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-0	43007			
DO NOT WRITE AMENDED					Registration District No				
VS 300	1 1		 	1.	PLED DEC 1 0 1962  PLACE OF DEATH  a. COUNTY  Jackson  2. USUAL RESIDENCE (Where deceased lived. If institution as STAME is souri b. COUNTY Jackson	s: Residence before admission)			
Rev. 4/59	TE AMENDED	.			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  Iackson County Hospital  Yes   No   No    Length of stay in 1b OR TOWN  Kansas City  (If cutside, give location) ADDRESS  508 Bent on	Inside Limits Yes No Reside on Farm			
2 9 1/2 -	DATE		<b> </b>		Oderson Councy needs and	Yes No Year			
4 1				_	(Type or print) Maude Wells OF DEATH November 14, 1	962			
5 2				$\mathbf{f}$	s. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YE Months Day:	AR IF UNDER 24 HR			
_ <del></del> }	S S			_1	during most of working life, even if retired) housewife self Lincoln Nebr. U.S.				
- 7 1	킨				William H. Deck Lilyann Warren John Duke Well				
9//24	A As			15 (Y	s. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. Address  18. SOCIAL SECURITY NO. 17. INFORMANT  19. Jackson County Hospital Rt. #				
10	NE AK		DOCUMENT		18. CAUSE OF DEATH (Enter only one cause per line	INTERVAL BETWEEN ONSET AND DEATH			
$\frac{11}{\frac{12\eta}{13}} \frac{7-o}{13}$	INSTEAD C		DOCU		Conditions, if any, which gave rise to above cause (a), stating the underslying cause last. DUE TO (c)				
				ICATION		was female was nancy in last 90 days.  No Unknown			
	AMENDMENIS			CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART PERFORMED? YES   NO XXX	II of item 18.)			
RIBBON	AME			MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.				
				L L	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	STATE			
	LD READ			Saper	21. I attended the deceased from 5-3-61 , to 11-14-62 and last saw her him alive on 11-13-6  Death occurred at A 6A m on the date stated above, and to the best of my knowledge, from the				
USE	SHOULD		Ö	dir	220. SIGNOURE (Degree or title) . D. 22b. MORESS Summer, MU	22c. DATE SIGNED			
	Ö	$\dag \uparrow$	FFIDAVIT	E 23	REMOVAL (Specific removal 11-16-62 Mt. Hope Zid. LOCATION (City, fown, or county)  Kansas City, Kansas	(State)			
	ITEM		BY AF		D. W. Newcomer's Sons ADDRESS 1331 Brush Creek //- /5-61	mg			
•	, '			- —	(Licensed Embalmer's Statement on Reverse Side)	$\sigma$			

Wells

Shus.

## STATEMENT BY LICENSED EMBALMER

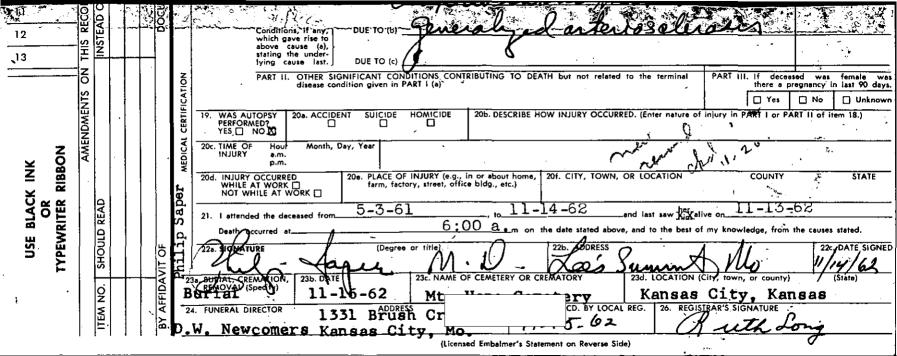
I hereby certify	that the body whose name is r	ecorded on the reverse	side of this certificate was embalmed by me,
or by			, Student Embalmer No
working under my perso	nal supervision.		
Student	ure of Student Embalmer	Signed	
Signan	ore of Student Empaimer		
			Licensed Embalmer No
	00- 0- 1 €	<del>-</del>	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Ö-- ·



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